	64	TOME ADDI	CATIC	N EEE OF	COMINAT	01	DECOR			ess & displays a valid OMB control ember		
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docker Mumber		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR	OTHER THAN		
	FOR	· . HUB	HUMBER FILEO		HOMBER EXTRA		RATE	·FEE	7	RĂTE	.fe	
	SIC FEE CFR 1.16(e))	•							OR		1	
	CFR 1.16(d)		minus 20 🕫 .				. X 3 •		OR	. X1=		
	CFR 1.16(b))	MIMS .	minus 3, e-				K-5	1	OR	R 5 =	1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 4.16(d))						1	+1 .	1.	OR	i		
"If the difference in column 1 is less than zero, enter "O" in column 2							TOTAL	1	OR	TOTAL	 	
•		CLAIMS AS AI	•				:	<u> </u>		TOTAL		
,	, , , (•	•	٠.		OTHE	RTHAN					
Ø	1-8-0	(Column 1)		(Column 2)	(Column 3)	٦.	SMALL	ENTITY	OR		ENTITY	
Ē	125/05	REMAINING AFTER AMENDMENT		HIGHEST HUNDER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENT	Total (17 OFR 1,1994)	7	Minus			1	x:25.		or ·	x150.		
ğ	Independent profe Lison	1	Minus	- 4	1://	1	× 1/00		OR .	200		
₹	FIRST PRESEN	ITATION OF MULTIP	LE DEPEN	DENT CLAM (IT C	FR 1.16(6)	1	+1/80-		OR	+.360-		
<u>·</u>	1 . /						TOTAL ADD'L FEE		OR	TOTAL ADDITE		
0/4/20 (Column 1) (Column 2). (Column 3)												
F		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE .	ADQI- TIONAL FEE		RATE	ADDI- TIONAL - FEE	
ENDMENT	Total DI OFR 1,14(cd)	7	Miraus	44	-		x : 35 =		OR	x :50 -		
ă	Independent profit 1.140 p	1	Minus	· 4	# .		x 1/00=		OR	x:200-	•	
₹	FIRST PRESENT	FATION OF MULTIP	E DEPEND	ENT CLAIM (37 C	FR 1.16(dj)	ŀſ	+1/80=		OR	+340.		
					· .		ADO'L FEE	·	OR	ADD'L PEE		
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR .	PRESENT EXTRA		rate	ADDI- TIONAL FEE		RAȚE	ADDI- TIONAL FEE	
	Total gromiseg		. Minus	•	•	ſ	x : 25. =		OR .	x:50-	, _	
MENDM	Independent (1) CFR (.14p))	•	Mous	•••	• .	F	x 1/00=	•		× 1. ZOO-	٠.	
₹	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	HT CLAM G7 CF	R 1.16(4))		+1/BO=		OR	+360		
_#		 					TOTAL	•	. .	TOTAL		

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.